

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000034870**

1. Entity Name  
**CUSTOM CONSTRUCTION ASSOCIATES OF FLORIDA,  
INC.**



Principal Place of Business  
**848 BALD EAGLE DR.  
MARCO ISLAND, FL 34145**

Mailing Address  
**848 BALD EAGLE DR.  
MARCO ISLAND, FL 34145**



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3570415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WOODWARD, CRAIG R  
606 BALD EAGLE DRIVE  
SUITE 500  
MARCO ISLAND, FL 34146**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LILLY, FLOYD E JR 2034 IMPERIAL CIR NAPLES, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD LILLY, DONNA L 848 BALD EAGLE DR. MARCO ISLAND, FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LILLY, FLOYD E SR 848 BALD EAGLE DR. MARCO ISLAND, FL 34145</b>

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/15/08-80049-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/08**

Date

**239-642-8650**

Daytime Phone #